

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026799

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1132

FILED JUL 30 1962

1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)

Springfield

Length of stay in 1b

min.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

D.O.C. Burge Prot. Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Greene

c. CITY

OR
TOWN

Willard

Inside Limits

Yes ☐ No ☒

d. STREET
ADDRESS

(If outside, give location)

Route 2

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Theodore

Middle

Elwin

Last

Wingo

4. DATE

OF
DEATH

Month

July

Day

20,

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

9-19-1910

9. AGE (last birthday)

51

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Service Station Owner

10b. KIND OF BUSINESS OR INDUSTRY

& Operator

11. BIRTHPLACE (City and state or country)

Dallas Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Melvin J. Wingo

13b. MOTHER'S MAIDEN NAME

Ethel Holbert

14. NAME OF HUSBAND OR WIFE

Lillian Wingo

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

W. W. 2

17. INFORMANT

Address

Lillian Wingo, Willard, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Presumed to be natural causes

INTERVAL BETWEEN

ONSET AND DEATH

sudden

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

UNATTENDED BY A PHYSICIAN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Deceased awakened after mid-night with pains in chest and vomiting. Wife stated they called an ambulance but he was DOA.

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2:00 a. to 2:00 a. and last saw her/him alive on 7-24-62
Death occurred at 2:00 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D. Greene County Health Officer, Spfld Mo

22b. ADDRESS

22c. DATE SIGNED

7-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-24-1962

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Springfield Missouri

24. FUNERAL DIRECTOR

ADDRESS

Rex Rainey, Springfield, Mo.

25. DATE RECD. BY LOCAL REG.

7-24-62

26. REGISTRAR'S SIGNATURE

Effie E. Meeter

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 30 1962
AUG 30 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3312

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Parent

7-20-62